

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

Underpayment Amount Owed
(For Underpayments Occurring Prior to 1/1/98)

Notice Date : _____
Case : _____
Name : _____
Number : _____

Underpayment Month and Year: _____

(A) Family Gross Income

_____	\$	_____	_____	_____	_____
_____	+	_____	_____	_____	_____
Total Gross Income (1)	=	_____	_____	_____	_____
Basic Need for _____ Persons	\$	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____
Total Needs	=	_____	_____	_____	_____
	X	1.85	_____	_____	_____
185% of Needs (2)	=	_____	_____	_____	_____

If (1) is larger than (2), you were not eligible in that month so no underpayment occurred.

(B) Net Countable Income

Total Earned Income	\$	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____
\$30 and 1/3 Disregard (Assistance Unit only)	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Dependent Care Disregard (Assistance Unit only)	-	_____	_____	_____	_____
Other Countable Income (List Sources)	+	_____	_____	_____	_____
_____	+	_____	_____	_____	_____
Court Ordered Child/Spousal Support Paid for Persons Not Living in the Home	-	_____	_____	_____	_____
Support Paid to Other(s) Not Living in the Home Claimed as Federal Tax Dependent (Non-Assistance Unit Only)	-	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____

(C) Correct Cash Aid Payment

Basic Need Amount (# persons)	\$ ()	()	()	()	()
Special Needs	+	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____
Maximum Aid Payment (MAP)	\$	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$	_____	_____	_____	_____

(D) Underpayment

Correct Cash Aid Amount	\$	_____	_____	_____	_____
Cash Aid Paid to You	-	_____	_____	_____	_____
Underpayment Subtotal C	=	_____	_____	_____	_____

Total Underpayment (Subtotal C-All Months) \$ _____

TOTAL RETROACTIVE BENEFITS (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office:

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.